



373218

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 22340  
Application ID: 09864510  
Title of Invention: VENTRICULAR RESTORATION  
SHAPING APPARATUS AND  
METHOD OF USE  
First Named Inventor: Gregory Murphy  
Domestic/Foreign Application: Domestic Application  
Filing Date: 2003-01-22  
Effective Receipt Date: 2003-01-27  
Submission Type: Information Disclosure Statement  
Filing Type: null  
Confirmation Number: 2445  
Attorney Docket Number: 5838-00300  
Digital Certificate Holder: cn=Eric B. Meyertons, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: p7X2Nl1QRaCcqF2mr2aobg==  
Total Fees Authorized: \$180.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 501505  
Deposit Account Name: Eric B. Meyertons

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# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Information  
Disclosure Statement

Application Number: 09/864,510  
Attorney Docket Number: 5838-00300

## VENTRICULAR RESTORATION SHAPING APPARATUS AND METHOD OF USE

First Named Inventor: Gregory Murphy

### SUBMITTED BY

Name: Eric B. Meyertons  
Registration Number: 34,876  
Electronic Signature Mark: Eric B. Meyertons  
Date Signed: 20030127

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### Attached Files:

fee-transmittal

583800300fee.xml

us-information-disclosure-statement

583800300ids.xml

**Comments:**

It is respectfully requested that this Information Disclosure Statement be entered and the documents listed be considered by the Examiner and made of record. A fee authorization form including an authorization for the filing of this Information Disclosure Statement has been submitted. Should any additional fees be required, the Commissioner is authorized to charge said fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account No. 50-1505/5838-00300/EBM.



# FEE TRANSMITTAL

Electronic Version 1.1.0

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*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

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**TOTAL FEES AUTHORIZED: \$ 180**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 50-1505



Deposit Account Name: Meyertons, Hood, Kivlin, Kowert & Goetzl, P.C.

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

## SUBMITTED BY

Authorized Name:

Eric B. Meyertons

Electronic Signature Mark:

Eric B. Meyertons

Date Signed:

20030127

## ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Submission Of Information Disclosure Stmt Fee		1	1806	\$ 180	\$ 180

Subtotal For Additional Fees: \$ 180